

Declaration of consent concerning photographs taken at Hochschule Worms

Last name, first name:	
Age:	

Date:	
Location:	
Photographer:	

The photographs/films taken of me were made with my consent. I was informed that these photographs/films were made and produced by the above-mentioned person at the order of the Hochschule Worms University of Applied Sciences.

I hereby agree and have been informed that the photographs/films taken of me will be used in a factually correct context for publications by Hochschule Worms in media. I was informed that I may revoke my consent at any time and the images can be deleted at my request. (Right to be forgotten)

The above-mentioned producer is authorised to grant Hochschule Worms as client an exclusive, irrevocable, and assignable right that is unrestricted in terms of time or place to use the photographs/films taken of me, which entitles Hochschule Worms to use, disseminate, publish, and reproduce the photographs/films taken of me for various internal and external publications (print, digital, online, Facebook, Instagram).

Place, date

Signature